

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**CARSON AMERICA****A.** Full Name (Last, First, Middle Initial)**MRS. MARY PREDEL**

Mailing Address 59 GARNSEY RD

City	State	Zip Code
REXFORD	NY	12148-1205

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.206179**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

**B.** Full Name (Last, First, Middle Initial)**MRS. MARY PREDEL**

Mailing Address 59 GARNSEY RD

City	State	Zip Code
REXFORD	NY	12148-1205

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

**Transaction ID : SA17.78432**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			04			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)**MS. MARY E. PREDEL**

Mailing Address P.O. BOX 644

City	State	Zip Code
SCHENECTADY	NY	12301-0644

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

T.A. PREDEL COMPANY INC.

OWNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.104994**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			11			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**Subtotal Of Receipts This Page** (optional).....

1300.00

**Total This Period** (last page this line number only) .....